

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044628

Registration District No.

179

Primary Registration District No.

4287

Registrar's No.

168

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 3 1963

1. PLACE OF DEATH

a. COUNTY

Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Troy

Length of stay in 1b

2 Mo.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Sunset Retirement Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Charles

c. CITY  
OR  
TOWN

Wentzville

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

1412 Old hi-way 40

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

4. DATE  
OF  
DEATH

Month

Day

Year

Ethel

Maude

Tainter

November

27

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/2/1881

9. AGE (last birthday)

82

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home duties

10b. KIND OF BUSINESS OR INDUSTRY

House Work

11. BIRTHPLACE (City and state or country)

Callao, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Green Summers

13b. MOTHER'S MAIDEN NAME

Alice Gregory

14. NAME OF HUSBAND OR WIFE

Paul R. Tainter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

Chaddock Boys School-Quincy, Ill.  
Mrs. Frances Leibrock-

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GENERALIZED CARCINOMATOSIS

INTERVAL BETWEEN ONSET AND DEATH

ONE YEAR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from SEPT. 1963 to NOV. 1963 and last saw her alive on NOV. 20, 1963  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul R. Berry MD.

22b. ADDRESS

1104 Mo.

22c. DATE SIGNED

11/28/63

23a. BURIAL CREMATION, REMOVAL (Specify)

11/30/1963

23b. DATE

11/30/1963

23c. NAME OF CEMETERY OR CREMATORY

Callao City Cemetery

23d. LOCATION (City, town, or county)

Callao

Missouri

24. FUNERAL DIRECTOR

ADDRESS

T. B. Pitman Funeral Home  
909 Pitman Ave. Wentzville, Mo.

25. DATE RECD. BY LOCAL REG.

11-29-1963

26. REGISTRAR'S SIGNATURE

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Carlton J. Pitman*

Licensed Embalmer No.

*4974*

P. O. Address

*Wentzville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a-STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.